

REQUEST FOR VOLUNTARY SURRENDER OF IDAHO SURPLUS LINES LICENSE

Name: _____ License Number/NPN: _____

Please process my request to Voluntarily Surrender my Surplus Lines insurance license from the State of Idaho, effective: _____. Please send confirmation to:

Email address: _____

In the event of any questions regarding this request, please provide a phone number.

Phone: _____

Please Initial that you have read and agree to each statement below:

_____ I understand that my Idaho surplus lines license will be cancelled and that I will no longer be authorized to conduct surplus lines business in Idaho. I also understand that all appointments and associations for this Idaho license are discontinued when the license is cancelled. Cancellation of this license does not exclude me from reporting requirements to the Idaho Surplus Lines Association.

_____ I understand the terms of this Voluntary Surrender include: my expiration date becomes the date of my voluntary surrender and that, should I wish to reactivate my license within 365 days past that date, I will be required to pay a reinstatement fee to reactivate.

_____ I am the person holding/responsible for the license number referenced above, issued by the Idaho Department of Insurance, and guarantee not to circulate or represent that this is a valid, active license. I hereby declare that I consider said license to be void and of no effect.

Dated this _____ day of _____, _____.

Signed: _____
Signature of Licensee

STATE OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN to before me this _____ day
of _____, _____.

Notary Public

My Commission Expires _____

Please fax this completed form to **208-334-4398** or email to agent@doi.idaho.gov for processing.